



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. ANTHONY MEMORIAL

City of Hospital: Michigan City

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Youssef Zaknoun

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Medicare Provider Number: 15-0015

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$222687156
Outpatient Patient Service Revenue	\$514696082
Total Gross Patient Service Revenue	\$737383238

2. Deductions From Revenue

Contractual Allowance	\$506402767
Other Deductions	\$24664346
Total Deductions	\$531067113

3. Total Operating Revenue

Net Patient Service Revenue	\$206316125
Other Operating Revenue	\$3582316
Total Operating Revenue	\$209898441

4. Operating Expenses

Salaries and Wages	\$77503345	Employee Benefits	\$19234646
Depreciation and Amortization	\$14695850	Interest Expense	\$4772012
Bad Debt	\$-1158231	Other Expenses	\$101673581
Total Operating Expenses	\$216721203		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-5664531	Total Assets	\$255314917
Net Non-operating Gains over Loss	\$79288637	Total Liabilities	\$255314917

Total Net Gains	\$73624106
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$343476461	\$285457056	\$58019405
Medicaid	\$151196343	\$121722405	\$29473938
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$242710433	\$122729421	\$119981012
Total	\$737383237	\$529908882	\$207474355

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$71560	\$-71560

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$447217	\$-447217
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$173722	\$-173722

Number of Medical Professionals Trained	355
Number of Hospital Patients Educated	638
Number of Citizens Exposed to Health Education Messages	4305

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6818803	
HCI Payments	\$0		
Subtotal	\$0	\$6818803	\$-6818803
Medicaid Shortfalls	\$0	\$13026272	
Subtotal	\$0	\$19845075	\$-19845075
DSH Payments	\$0		
Subtotal	\$0	\$19845075	\$-19845075
Medicare Shortfalls	\$0	\$34139768	
Other Government Programs	\$0	\$0	
Total	\$0	\$53984843	\$-53984843

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$13297564	\$20398922	\$-7101358
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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